Caring Headlines
December 15, 2016

It's not too late to vaccinate

See story on back cover

Staffing the, "It's not too late to vaccinate," clinic in the Blum Patient & Family Learning Center, per diem staff nurse, Nancy Small, RN, gives flu shot to vascular technician, Vaishali Patel.

Nursing and Patient Care Services
Massachusetts General Hospital

Jeanette Ives Erickson

Mutual respect and understanding

the underpinnings of our commitment to Excellence Every Day

MGH has a long history of embracing diversity... Mutual respect and understanding are fundamental values of this hospital... We strive to attract a workforce that is intrinsically committed to creating an inclusive, open-minded, and welcoming environment.

Recently revised MGH Credo

As a member of the MGH community and in service to our mission, I believe:

- the first priority at MGH is the well-being of our patients, and all our work, including research, teaching, and improving the health of the community, should contribute to that goal
- our primary focus is to give the highest quality care to each patient, delivered in a culturally sensitive, compassionate, and respectful manner
- my colleagues and I are this hospital's greatest assets; understanding and valuing our differences helps us excel
- teamwork and clear communication are essential to providing exceptional care

As a member of the MGH community and in service to our mission, I will:

- provide compassionate, equitable, patient-centered care
- listen and respond to patients, families, caregivers, colleagues, and community members
- ensure that MGH is safe, accessible, inclusive, and welcoming to everyone
- share my successes and errors with colleagues so we can all learn from one another
- make wise use of our human, financial, and environmental resources
- be accountable for my actions
- uphold professional and ethical standards

Jeanette Ives Erickson, RN, senior vice president for Nursing and Patient Care and chief nurse

Nothing makes me quite as sad as people behaving badly toward one another. For some time now, we've been barraged by reports in the news of violence, hatred, and intolerance. It's unsettling to hear about these stories in the news; it's just as unsettling when they happen in the workplace. We're coming off a campaign cycle that many believe gave rise to inflammatory rhetoric. Racial and religious tensions are high. But that is not an excuse to treat people badly. At MGH, there is *never* an excuse for harassment, bullying, or unprovoked aggressive behavior of any kind.

MGH has a long history of embracing diversity and fostering an environment of unity and inclusion. It goes against our mission and professional ethics to engage in disrespectful behavior, and it should strike at the core of our humanity to witness it in others. Mutual respect and understanding are

continued on next page

fundamental values of this hospital. While we don't force those values on anyone, we do strive to attract a workforce that is intrinsically committed to creating an inclusive, open-minded, and welcoming environment. We ask every employee to affirm as much when they sign the MGH Credo and Boundaries Statements each year as part of their performance evaluations.

Recently, MGH leadership re-visited those documents to ensure they reflect and explicitly state our position on diversity and inclusion. After months of review and consideration, some revisions were made; the final versions of both documents are included here for your review. In the Credo, I would call your attention to phrases like: understanding and valuing our differences; providing compassionate, equitable, patient-centered care; and ensuring that MGH is safe, accessible, inclusive, and welcoming to everyone.

In Boundaries, I would cite the addition of: I will never engage in, tolerate, or fail to address abusive, disruptive, discriminatory, or culturally insensitive behaviors.

These documents help define who we are as an organization. They establish parameters for the way we deliver care and how we comport ourselves with colleagues. I hope they reflect the values and beliefs of every person in every role group in our workforce.

Not long ago, Nursing and Patient Care Services committed to a culture of Excellence Every Day. In my mind, Excellence Every Day refers to more than the clinical care we deliver. It's the skill, expertise, attitude, and spirit with which that care is delivered. And if one patient or employee feels unwelcome or marginalized, we are failing in our mission.

I write this now to ask each of you to reaffirm your commitment to our values; to be visible in your support of diversity and inclusion; and to make mutual respect and understanding a priority in your daily practice. On behalf of our patients and colleagues, I thank you.

Excellence Every Day refers to more than the clinical care we deliver. It's the skill, expertise, attitude, and spirit with which that care is delivered. And if one patient or employee feels unwelcome or marginalized, we are failing in our mission.

Recently revised MGH Boundaries

As a member of the MGH community and in service to our mission, I will never:

- knowingly ignore MGH policies and procedures
- criticize or take action against any member of the MGH community raising or reporting a safety concern
- speak or act disrespectfully toward anyone
- engage in, tolerate, or fail to address abusive, disruptive, discriminatory, or culturally insensitive behaviors
- look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities
- work while impaired by any substance or condition that compromises my ability to function safely and competently

In this Issue

Global Disaster Response Team deploys to Haiti

—by Hilarie Cranmer, MD; Naima Joseph, MD; Joy Williams, RN; Maya Ginns, RN; and Lindsey Martin, RN

Hurricane Matthew, a category 4 storm with sustained winds of more than 145mph, hit Haiti early on October 4, 2016, killing 546 people and leaving millions more in need of humanitarian assistance. On October 9th, Naima Joseph, MD, and Joy Williams, RN, members of our Global Disaster Response Team, joined the International Medical Corps working in Haiti, and on October 13th, Maya Ginns, RN, and Lindsey Martin, RN, joined Project Hope for an extended deployment to areas affected by the hurricane.

Haiti has been hard-hit by numerous disasters that have left their healthcare system vulnerable. But we saw communities working hard to re-build, support one another, and hold on to hope.

(Photos provided by staff)

Naima Joseph performs Cesarean section in Les Cayes, Haiti.

Naima Joseph and Joy Williams write of their experience: We were privileged to travel to Haiti as part of the MGH disaster response to Hurricane Matthew. We had both worked in Haiti before—Joy, following the Port-au-Prince earthquake in 2011, and Naima, a Haitian-American, in her capacity as a maternal health professional. But we were unprepared for the breadth and depth of despondency we encountered during our time there in the aftermath of Hurricane Matthew.

Working with International Medical Corps, we traveled to Les Cayes, southwest of Port-au-Prince, an area badly affected by the storm. We spent the first few days working with a mobile medical unit traveling up and down the coast between Cavillon and Roche a Bataeu. We treated people who'd developed cellulitis and gangrene due to wounds from fallen roofs, rusty nails, and rubble. We treated children with respiratory illnesses from breathing in debris. And we saw a lot of cholera.

Most of our time was spent in Les Anglais, where we helped set up a cholera treatment center. This was uncharted territory for both of us. While Joy had worked as an emergency department nurse, she'd never actually seen cholera, and Naima had only read about it in textbooks. Most people who die from cholera do so due to rapid dehydration. We worked hard to care for these patients with limited resources. Despite little training ourselves, we provided patient and provider teaching on infection-control and prevention, emphasizing oral re-hydration and reinforcing instructions with fam-

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ily members. We worked tirelessly treating patients who came to the clinic, many of who were near death.

In our two-week deployment, we treated hundreds of patients. But more than providing care, we witnessed the terrible devastation in Haiti. Thousands lost loved ones, homes, and possessions. Food was in short supply as Matthew had obliterated their crops. And even as we treated and released cholera patients, they went home to rubble with no protection from ongoing, almost daily, flooding.

We also witnessed the strength and hope of the Haitian people. Haiti has been hard-hit by numerous disasters that have left their healthcare system vulnerable. But we saw communities working hard to re-build, to support one another, and to hold on to hope. And that buoyed our hope, as well, that our work in the wake of Hurricane Matthew could serve as a foundation for their future health.

Maya Ginns and Lindsey Martin write: Matthew affected primarily the southwestern peninsula of Haiti, but it put a major strain on an already weakened healthcare system. Our mission was to assess the needs and provide direct care to victims of the storm. It was a privilege to represent MGH and the Global Disaster Response Team.

(Photo by Scott Fontaine)

Above: Lindsey Martin in Miragoane, Haiti, where Hospital Sainte Therese is located. Above right: Maya Ginns performs wound care at clinic in Haiti. At right: Joy Williams (left) and Naima Joseph at cholera treatment center.

Here at MGH, we work in urgent care and the ICU treating adults with acute issues. In Haiti, we worked in the Emergency Department of an under-staffed, under-resourced regional hospital. Hospital Sainte Therese, in Miragoane, had none of the basic equipment or infrastructure we're accustomed to—no oxygen, medications, monitoring devices, or clean running water. This, unfortunately, was the case prior to Hurricane Matthew, but it made our work even more challenging in the aftermath. We relied on the skilled staff at the hospital to show us how they practiced effectively with these limitations. It was a personal and clinical challenge but also an opportunity for growth and collaboration.

The most difficult patients to care for were children; neither of us is a pediatric caregiver. But we relied on our primary nursing skills. Nurse practitioners can function both as a bedside nurse and a provider. Most of the children we saw required simple IV access, fluid resuscitation, and wound care. We were able to effectively care for the children while providing more complex care to the adult patients.

When we left Haiti, there was still much work to be done. We were grateful for the opportunity to care for patients in the Emergency Department in Miragoune. It was a reminder of how valuable our nursing skills are and how nursing can help create bridges between seemingly different worlds.

The Global Disaster Response Team prepares and deploys MGH staff to help those affected by crises and disasters around the world. For more information about Global Disaster Response or if you're interested in becoming part of the team, send e-mail to: globaldisasterresponse@partners.org, or call 617-724-3194.

The attending nurse role in 2016

The attending registered nurse (ARN) role will celebrate its fifth anniversary in April, 2017; it hardly seems possible that so much time has elapsed. Attending nurses continue to meet twice a month to discuss professional development and clinical practice, and to provide feedback on proposed initiatives that affect patient care. Attending nurses advocate for patients and families, mentor one another, and share ways to be more effective in the role. Using skills they acquire and develop on the job, attending nurses help reduce redundancy, enhance patient safety, promote quality and patient satisfaction, and support the inter-disciplinary team.

Last year, attending nurses conducted a SWOT (strength-weakness-opportunity-threat) analysis of their role that resulted in the formulation of goals to reinvest in themselves and further develop attending-nurse competencies. One outcome of that process was the decision to publish narratives in Caring Headlines *to help foster greater understanding of the role. I'd like to introduce the first in a series of narratives, this one written by Kelly Cruise, RN, attending nurse on the Lunder 8 Neuroscience Unit.*

—by Gino Chisari, RN, director of The Norman Knight Nursing Center for Clinical & Professional Development

'John' had a history of dementia that had begun to affect his cognitive and functional status. He would startle easily, he was non-verbal, and he experienced periods of agitation.

My name is Kelly Cruise, and I am an attending nurse on the Lunder 8 Neuroscience Unit. Some people refer to the attending nurse as, 'the nurse for the patient's stay,' and in fact, the attending nurse often does become the 'historian' for the patient's visit. Active listening is a skill that has been invaluable to me in many situations, helping me understand the patient's values and preferences. One patient in particular, 'John,' was taken from a skilled nursing facility to an outside hospital after suffering a hemorrhagic stroke and was later brought to MGH. Complicating the situation, John had a history of dementia that had begun to affect his cognitive and functional status.

Kelly Cruise, RN, attending nurse

When I first met John, he would startle easily, he was non-verbal, and he experienced periods of agitation. He was unable to follow commands and appeared to be very uncomfortable. During inter-disciplinary rounds, the team discussed a plan to place a permanent feeding tube and transfer John back to the skilled nursing facility. I questioned whether this was what the patient and family would want in

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I've reflected on the word, 'orchestrate.' The dictionary defines it as, "to arrange or combine to achieve maximum effect, as in a composition." To me, the word conjures feelings of a beautiful symphony... How blessed we are to bear witness to, and have a hand in orchestrating, so many symphonies as we practice the art of nursing.

light of current research regarding the long-term care of individuals with advancing dementia.

I asked the team what they knew about John's day-to-day abilities and his perceived quality of life. I suggested we speak to John's wife to get a sense of his values and priorities. When John's wife came in, I sat with her. I started our conversation by asking her to tell me what she knew about John's condition up to this point. From her answer, I ascertained that she did understand the severity of his condition. I provided additional education around his level of consciousness.

John did not have a written directive for his care at the end of life, and his wife immediately felt anxious about 'not knowing' and 'not being a good wife.' I knew I needed to take the journey with her, explore her husband's values and preferences. I could see and feel the love she had for her husband as she shared their story and described their marriage of more than 40 years.

Through their story, I learned what was important to John—his hobbies, what kind of friend and husband he was, his accomplishments. I asked her to talk about John's disease state, to look back at what he was capable of a year ago, and how they got to where they were now. She articulated with clarity his decline, his diminished ability to speak, sharing that she had cared for him at home with hospice until she was no longer able to care for him. It became clear that since his admission to the skilled nursing facility, they had not amended their goals of care. I explained about John's inability to swallow and the fact that the team was discussing the possibility of a feeding tube. I described what that entailed. John already had a nasogastric tube and was being restrained so he wouldn't pull it out.

John's wife started to cry. She grabbed onto me, saying, "I want him to be peaceful. He wouldn't want this. It hurts to see his hands tied."

I asked her, "If John were here with us right now and could see himself, what would he say?"

Immediately, she said he'd want to go home to God.

I paged a priest, and when he arrived, holding John's wife's hand, we all prayed at John's bedside. The priest anointed him and offered prayers of peace that John would feel comfort as he started his journey home.

I educated John's wife on what to expect in the days ahead. Working with her and the team, we addressed John's agitation and collectively made the decision to consult Palliative Care for symptom-management. Every day I sat with John's wife, providing comfort and information, and acting as her liaison with the team. I informed all shifts that John's wife would be staying in the family room because she didn't drive at night, and she wanted to be close in the event something happened at night.

John passed away on a Friday evening with his wife holding him. When I returned to work on Monday, there was a written note from her that said, "Thank-you from the bottom of my heart for helping me orchestrate John's journey home. He is now with God."

Since then, I've reflected on the word, 'orchestrate.' The dictionary defines it as, "to arrange or combine to achieve maximum effect, as in a composition." To me, the word conjures feelings of a beautiful symphony. One's life begins with a symphony of hope and promise. When our work is done and we're ready for our final journey, another symphony plays the most beautiful arrangement, celebrating a life well lived. How blessed we are to bear witness to, and have a hand in orchestrating, so many symphonies as we practice the art of nursing.

Comments by Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

Kelly understood the importance of 'knowing' John. She took great are in figuring out (or helping John's wife figure out) what he would want at the end of his life. Kelly's efforts to answer those questions allowed John's wife and the team to make informed decisions about his care, and just as important, they allowed John's wife to process what was happening and come to grips with those critical decisions. This is a wonderful glimpse into the work and practice of an attending nurse. I look forward to seeing other attending-nurse narratives in the future.

Thank-you, Kelly.

The Pressure Ulcer Prevention Program

—by Ginger Capasso, RN, clinical nurse specialist

On November 17, 2016, Nursing and Patient Care Services welcomed visiting scholar and consultant to our Pressure Ulcer Prevention Program, C. Tod Brindle, RN, nurse clinician for the Wound Service at Virginia Commonwealth University Health System. Brindle met with pressure-ulcer leaders and stakeholders, the Clinical Nurse Specialist/Nursing Practice Specialist Wound Care Task Force, and the PCS Executive Committee. He toured the Blake 8 Cardiac Surgical ICU and the Bigelow 13 Respiratory Acute Care Unit, where he met with skin-care champions and unit leaders who described their pressure-ulcer prevention initiatives, including the introduction of Dolphin fluid immersion simulation mattresses and numerous inter-professional efforts to reduce pressure ulcers.

Lunch featured a presentation by clinical nurse specialist, Virginia Capasso, RN, who shared the outcomes of the Dolphin program, which have transcended settings of care with a sustained quarterly prevalence rate of 0% in the Cardiac Surgical ICU (from December, 2015, through June, 2016). And anesthetist and staff intensivist, Sadeq Quireshi, MD, shared new research demonstrating an association between macro-nutrient deficits and the development of hospital-acquired pressure ulcers among ICU patients.

(Photos by Paul Batista and Michelle Rose)

Visiting scholar, C. Tod Brindle, RN, presents at Grand Rounds (top left) and tours units to learn about MGH strategies for pressure-ulcer prevention.

At Grand Rounds, executive director for the PCS Office of Quality & Safety, Colleen Snydeman, RN, gave an overview of MGH data and pressure-ulcer prevention strategies. And Brindle gave a comprehensive presentation highlighting misconceptions and new knowledge about the origins of pressure ulcers and interventions to prevent them in high-risk patient populations.

During his time at MGH, Brindle was impressed by the robust structure, processes, and outcomes of our Pressure Ulcer Prevention Program; he shared several best practices that will be considered as part of our continuous improvement efforts.

For more information about the MGH Pressure Ulcer Prevention Program, or Brindle's visit, contact Virginia Capasso, at 617-726-3836.

The Orren Carrere Fox Award for NICU Caregivers

—by Mary Ellin Smith, RN, professional development manager

"It's fitting that this ceremony takes place two days before Thanksgiving," said Orren's father, Henry Fox, at this year's presentation of the Orren Carrere Fox Award for NICU Caregivers, on November 22nd, "because we are so thankful for what you did for Orren."

The award was created by Orren's parents, Libby DeLana and Henry Fox, to recognize the compassionate, holistic, family-centered care they received when Orren was a patient in the NICU back in 1997.

The 2016 Orren Carrere Fox Award went to occupational therapist, Victoria Peake, OTR/L, marking the first time an occupational therapist has received the award.

(Photos by Paul Batista)

Top photo: award recipient, Victoria Peake (center right) with (l-r): Henry Fox; Orren Carrere Fox; Peggy Settle; Libby DeLana; and Jane Evans. Below: Peake and Carrere Fox with Peake's OT colleagues.

In her remarks, NICU nursing director, Peggy Settle, RN, shared the response of the NICU team when they learned Peake had been named this year's recipient: "Well, it's about time. She deserves it!" Settle added, "Victoria elicits a great deal of respect and admiration around here."

Jane Evans, OTR/L, clinical director of Occupational Therapy (OT) called Peake an expert clinician and a teacher to families, NICU staff, and her OT colleagues. Said Evans, "Victoria is always there for families for consultation and support even after they've left the NICU."

Peake thanked the Fox family for funding an award that focuses on the quality of the patient and family experience during the emotional and often life-changing time that their child is in the NICU. She thanked her family and colleagues for their support. Peake spoke about the critical importance of occupational therapy in the NICU population, not only because infants' brains are still developing but because of the unique knowledge and skill occupational therapists possess to help families connect with their infants.

Now 21-year-old, Orren shared stories of his travels around the world and across the country, saying, "I've learned that medical care is not guaranteed; many areas are without qualified healthcare workers. Every time I return to MGH, I'm reminded that I'm alive because I was lucky enough to have been born here."

For more information about the Orren Carrere Fox Award for NICU Caregivers, call Mary Ellin Smith, RN, professional development manager, at 617-724-5801.

Vigilance needed for cost-effective linen management

Materials Management recommends using a first-in, first-out model being careful to rotate linen inventory at least every two weeks. Check for linen regularly in less accessible areas (such as closets, changing rooms, and patient areas), and avoid stockpiling linen reserves.

Question: I've noticed some changes in the way linens are stocked on our unit. Is there a reason for that?

Jeanette: Earlier this year, Partners signed an agreement with our current linen provider that resulted in some changes to the way we're billed for linen services. Those changes are cost-effective, but we need to be vigilant in order to continue to reap the benefits going forward.

In the past, we paid for outgoing linen by weight. Under the new contract, we pay for clean, incoming linen by weight, and we're also billed for items not returned to the company within 60 days. Items not returned within 60 days are considered lost, and MGH is responsible for the cost of replacing them.

Question: Is it true that linen is now tracked electronically?

Jeanette: All linen is now tracked by RFID technology where all items (except washcloths and baby shirts) are embedded with a chip. All the more reason to implement reliable practices to minimize loss.

Question: What is considered best practice?

Jeanette: Materials Management recommends using a first-in, first-out model being careful to rotate linen inventory at least every two weeks. Check for linen regularly in less accessible areas (such as closets, changing rooms, and patient areas), and avoid stockpiling linen reserves.

We receive detailed reports from the vendor every week that helps us identify problem areas. Our Linen Services staff will start working with areas where linen loss is high to come up with strategies to reduce or eliminate unnecessary losses.

Question: What else can we do?

Jeanette: You can ask anyone who stocks linen on your unit to start using the first-in, first-out model if they're not already doing so. It's important to cycle through linens regularly so that pieces don't remain on-site for more than 60 days.

Place any ripped or stained linens in the rejected bag attached to the linen cart, or in the soiled linen hamper if it's discovered after it makes its way to the patient's room.

No matter how soiled linen gets, it should be placed in the linen hamper, *never* thrown away.

Question: Who can we call for help setting up a good system for our unit?

Jeanette: If you have any questions or need help implementing the first-in, first-out system, contact Jorge Villanueva, linen services supervisor at: 617-643-6518.

Announcements

APRN/PA credentialing website

Visit the new APRN/PA credentialing website at http://intranet.massgeneral.org/pcs/

The site is located under the Credentialing tab in the PCS Resources Portal in Partners Applications.

The website contains information on APRN/PA credentialing, guidelines for new hires and managers, necessary forms, and much more.

New materials will be added to the site in the coming months. For more information, call Julie Goldman, RN, at 617-724-2295.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services. Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

ACLS classes

Certification:

Two-day program
Day one:
February 6, 2017
8:00am–3:00pm

Day two:
February 22, 2017
8:00am–1:00pm

Re-certification (one-day class):
January 11, 2017
5:30–10:30pm

ACLS Instructor Class
December 2, 2016
7:00am–3:00pm

Location to be announced. For information, send e-mail to: acls@partners.org, or call 617-726-3905

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday, 7:30am–5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday, Thursday, 7:30am–5:00pm

Friday, 8:30am–3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

Jean Ridgway Tienken Certification Scholarship

MGH School of Nursing class of 1945

The Norman Knight Nursing Center for Clinical & Professional Development is pleased to announce the launch of the Jean Ridgway Tienken MGH School of Nursing Class of 1945 Certification Scholarship. The scholarship will support several nurses each year with funding to attend a certification review course in their specialty area as they prepare for their certification exam.

This scholarship is created in honor of Jean Ridgway Tienken, a graduate of the MGH School of Nursing, class of 1945, who believed that the power of nursing is in how each nurse continually strives for excellence in patient care. The scholarship is made possible through the generosity of the Tienken family and will allow Ridgway Tienken's legacy to live on.

Scholarships will be awarded in March as part of the MGH celebration of Certified Nurses Day.

All MGH nurses are welcome to apply. For more information, contact Gino Chisari, RN, director of the Norman Knight Nursing Center at 617-643-6530.

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Next Publication
January 19, 2017

MGH celebrates National Influenza Vaccination Week

spread holiday cheer, not the flu!

—by Natalie Johnson, project specialist

National Influenza Vaccination Week, a campaign sponsored by the Centers for Disease Control and Prevention, was held nationwide, December 4-10, 2016. In honor of the occasion, MGH held its final flu clinic of the season as part of its, "It's not too late to vaccinate" campaign.

MGH Flu Vaccine Committee member, Natalie Johnson (right), staffs the flu information table in the Main Corridor

Patients and staff had an opportunity to get vaccinated at the three-day flu clinic held in the Blum Patient & Family Learning Center. Information tables were set up in the Main Corridor where flu-prevention materials, tips on staying healthy, and handouts on what to do if you or a family member falls ill were available. A *Wheel of Fortune* game with flu-related trivia questions was a popular attraction. The clinic was a good reminder that getting vaccinated is the number one way to protect yourself and others from the flu.

If patients were unable to make it to one of the flu clinics, they should see their primary care physicians or visit the Medical Walk-In Clinic. Staff members who were unable to get vaccinated should visit Occupational Health (at 165 Cambridge Street, 4th floor). MGH employees are reminded to update their vaccination status in PeopleSoft.

The last flu clinic of the season was a great success with more than 370 vaccines administered.

As long as flu viruses are circulating, it's not too late to get vaccinated. Protect yourself, your colleagues, and your loved ones. The MGH Flu Vaccine Committee wishes everyone a happy and healthy holiday season.

For more information about the flu or flu vaccine, call Occupational Health at 617-726-2217.

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